

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 11-NOV-2016	TIME 20:43:00	2. ADDRESS OF OCCURRENCE 7735 N PAULINA ST CHICAGO, IL 60626	3. LOCATION CODE 277	4. BEAT/OCURR 2422	5. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BWC <input type="checkbox"/> 02 IN-CAR CAMERA <input type="checkbox"/> 03 OTHER REPT VIDEO		
	6. POSITION 9161	7. LAST NAME BRANNIGAN	8. FIRST NAME MICHAEL J	9. STAR NO. 9670	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 509	13. HT. 180
	15. DATE OF APPT. 21-JUN-1999	16. EMPLOYEE NO. 024	17. UNIT & BEAT OF ASSIGNMENT 2462D	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
	21. LAST NAME GRANT	22. FIRST NAME RASHEE	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 27-NOV-1985	27. HT. 510	28. WT. 195
	29. ADDRESS 7650 N SHERIDAN RD CHICAGO, IL 60626	30. TELEPHONE NO.	31. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None	35. WHERE WAS MEDICAL TREATMENT OBTAINED?						
	36. BY WHOM?	37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						
	38. CHARGES PLACED 720 ILCS 5.0/24-1.7-A, 720 ILCS 5.0/31-1-A, 430 ILCS 65.0/2-A-2, 430 ILCS 65.0/2-	39. CB NO. 19396786	40. PASSIVE RESISTER	ACTIVE RESISTER	ASSAILANT:ASSAULT	ASSAILANT:BATTERY	ASSAILANT:DEADLY FORCE	
	REASON FOR USE OF FORCE (Check all that apply) <input type="checkbox"/> DNA	SUBJECTS ACTIONS MEMBER'S RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLEO <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
			STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>	
OTHER _____			OTHER _____	PERCEIVED AS _____	OTHER _____	OTHER _____		
MEMBER PRESENCE <input checked="" type="checkbox"/>			OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>			TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>			
ESCORT HOLDS <input type="checkbox"/>			OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>			
WRISTLOCK <input type="checkbox"/>			CANINE <input type="checkbox"/>	OTHER _____	OTHER _____	OTHER _____		
ARMBAR <input checked="" type="checkbox"/>			TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
PRESSURE SENSITIVE AREAS - <input type="checkbox"/>			TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	TASER (Spark Dispersed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>				
CONTROL INSTRUMENT <input type="checkbox"/>			OTHER _____	OTHER _____	OTHER _____	OTHER _____		
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>								
LRAD WITH AUTHORIZATION <input type="checkbox"/>								
OTHER _____								
41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input checked="" type="checkbox"/> 01 No <input type="checkbox"/> 02 Yes - Subject <input type="checkbox"/> 03 Yes - Member						
46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 DTHR	47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	49. WEATHER CONDITIONS CLEAR				
50. MAKE/MANUFACTURER	51. MODEL	52. BARREL LENGTH	53. CALIBER/GAUGE					
54. TASER DART ID NO.	55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.				
59. SPECIAL WEAPON CERTIFICATE NO.	60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	63. TOTAL NO. OF SHOTS MEMBER FIRED				
64. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	68. OTHER (Specify)				
68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	70. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
71. DESCRIBE PROTECTIVE COVER USED (LIGHT PDLES, DODGWAYS, CAR, FURNITURE, ETC)	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							

1631614138
75-Event No.H2511923
75-RD No.

CASE INFORMATION	<p>77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE</p> <p>NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC</p> <p>NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC</p> <p>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.</p>			76. EVENT NO. 1631614138	
	78. ADDITIONAL INFORMATION				
SIGNATURES	<p>79. REPORTING MEMBER (Print Name) BRANNIGAN, MICHAEL J 11-NOV-2016 23:58:07</p>		STAR/EMPLOYEE NO. 9670	SIGNATURE [REDACTED]	76. RCD NO. HZ511923
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		DATE REVIEWED TIME 12-NOV-2016 00:00:23		
80. REVIEWING SUPERVISOR (Print Name) FINLEY, ALLEN V		STAR NO. 1214	SIGNATURE [REDACTED]		

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FDR REPORTABLE USE OF FORCE INCIDENTS. THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FDR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

ONA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

Based on available information, the officer's actions were in compliance with Department Procedures. The subject was taken to St. Francis Hospital because he related to the arresting officers that he hurt his ankle when he fell down while running away from the arresting officers. The subject refused to give a statement to R/Lt.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. _____ OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

O CALLAGHAN, JOHN W

86. TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED

TIME

12-NOV-2016 00:19:35